

Hidden Demons: A Personal Account of Hearing Voices and the Alternative of the Hearing Voices Movement

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Academic Dr B.G. recalls his experiences of dealing with voices that other people could not hear and outlines the alternative of the hearing voices movement.

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It is perhaps ironic that in over 10 years as an academic and researcher in the field of mental health, I never appreciated the suffering of people with schizophrenia and mental illness until I had a nervous breakdown that kept me under section in a psychiatric acute unit for 12 months.

Among the people I met during my time, there was Rosemary. The last time I saw her she was waiting to be discharged from the hospital. She had no one to go home to, just an empty house.

Rosemary was an unassuming, quietly spoken woman, unremarkable apart from an air of sadness and loss. Rosemary had told me and many of the nurses that she would be better off dead than hearing any more of the terrible and taunting voices that kept her from sleeping. Better up there with her mother in heaven, she told me, then down here in the hell of the psychiatric ward with her voices.

Within a few days of being discharged, she was with her mother again. The nurses called a meeting in the communal lounge. There had been an accident. Rosemary had thrown herself in front of a train. The girl next to me at the meeting broke into tears.

Night after sleepless night and through the long, seemingly endless days on the ward, where smoking and TV stood in place of any attempt of therapy, I and my fellow patients experienced similar feelings to those of Rosemary, feelings of loss, isolation, pain, confusion, and helplessness.

"You're alone," an insidious voice told me. "You're going to get what's coming to you".

Joy was different. She was a mother of 2 autistic boys and had a loving husband who would visit her every day and brought her cigarettes, the social currency of the ward. There was always a glimmer of hope in her eyes, despite the voices that urged her to set herself on fire and despite seeing people covered in snakes.

Then one evening, as the nurses dispensed medication while we lined up zombie like, I found her in hysterical tears. She told me about the voices and the serpents. I held her for a moment, trying to comfort her. I said it would all be all right and there was always hope.

"You're going down there," a voice that sounded like Joy's hissed at me. "You wait until you see what I'm going to do to you."

No one moved or looked startled. It was just me hearing the voice. I tried not to answer it. Better to ignore the voice, repress it, and soldier on, I thought. I had seen others screaming back at their voices, and it had left me with feelings of consternation, pity, and fear.

I did not want to look mad, like them. Any symptoms of hearing voices would go on medical case notes, be raised as proof of insanity and keep me locked up in the hell of the ward away from family and friends and what seemed like a long-distant normal life.

I learned several important lessons: never admit you hear voices; certainly never answer them; do exactly as you are told by staff or concerned family or you will be seen as ill; never question your diagnosis or disagree with your psychiatrist; be compliant and admit your mental illness or you will never be discharged.

All the time the voices got worse. "Hot fire in your eyes!" shouted a voice to me in the ward.

There is little study of what schizophrenics' voices say to them, which would make people's experiences more valid and meaningful and also lend itself to a more human account of mental illness. People's experiences of hearing voices are often silenced, which can only augment ignorance and fear, both in society and in the mental healthcare system.

To make matters worse, it is almost impossible to talk with other people and relate the pain that voices inflict when they are raging inside you and shouting you down.

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John was a child of the 60s and had not seen his family for 20 years. Because of his voices they had disowned him. “Nobody cares,” said a sad voice in John’s intonation.

But people are beginning to care and come up with more holistic and humane alternatives. According to Marius Romme, the eminent psychiatrist and a central figure in the hearing voices movement, in a recent issue of *Mental Health Nursing*, schizophrenia is a harmful label because it conceptualizes experiences in a way that makes it impossible to resolve the problems that lie at the roots of an individual becoming unwell. It silences the perspectives, voices, and experiences of those it diagnoses as “schizophrenic.”

According to Romme and Morris, there are 7 main issues:

1. The scientific validity of the concept of schizophrenia is zero.
2. Diagnosis neglects the reasons and background for people’s experiences.
3. The relationships between the core illness experiences and life experiences are not dealt with at all.
4. People’s core experiences are neglected, ostracized, and silenced.
5. People’s core experiences are represented as psychopathological, which they are not. People’s core experiences need to be treated as meaningful and valid, even if they may at first appear bizarre or unusual.
6. There is no attempt to learn from and cope with the experiences and problems at the heart of the problem.
7. There is strong evidence that people can recover from being ill outside of psychiatry.

Put more eloquently and concisely: The term “schizophrenia” is not only just stigmatizing but also fundamentally flawed. It is a label without scientific validity, applied

without reference to an individual’s life experiences. Furthermore, its diagnosis ignores connections between these life experiences and core illness experiences. We urge mental health nurses and other professionals to listen to what their patients are telling them and help them understand their experiences.¹

Central to this process is the hearing voices movement, headed by organizations such as Intervoice, Asylum, and the Hearing Voices Network. The hearing voices movement does not ostracize and silence people who hear voices but creates space for their narratives, stories, voices, personal thoughts, and experiences, which will lead to more humane and holistic approaches of understanding and treating mental illness in the future. This means that psychiatry and mental health nursing, rather than doing things “to” or “for” people, must begin to work more democratically “with” them, as evinced particularly in the groundbreaking work of the eminent psychiatrist, Marius Romme. Just one example of a more democratic psychiatry is the use of advance agreements or directives, where people with mental health problems can agree with the mental health team, when they are well and stable, what future treatment they should receive when they are considered unwell, unstable, and suffering from mental health problems such as hearing voices. The hearing voices movement and experiential content of voice hearers need to be fully and conscientiously considered by psychiatrists and mental health professionals in order to begin to open up more democratic partnerships in mental health.

Reference

1. Romme M, Morris M. The harmful concept of schizophrenia. *Mental Health Nursing*. 2007;27:7–11.